

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>68904</i>	<i>11/18/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	03/03
2	✓	✓	03/03
3	✓	✓	03/03
4	✓	✓	03/03
5	✓	✓	03/03
6	✓	✓	03/03
7	✓	✓	03/03
8	✓	✓	03/03
9	✓	✓	03/03
10	✓	✓	03/03
11	✓	✓	03/03
12	✓	✓	03/03
13	✓	✓	03/03
14	✓	✓	03/03
15	✓	✓	03/03
16	✓	✓	03/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE) **BEST AVAILABLE COPY**